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ABSTRACT

The Infant Follow Along Program (IFAP) is an interagency effort to improve the identification of infants and toddlers who may experience health or developmental problems because of medical or environmental risk factors. The program also facilitates data collection and referral for services for infants and families. The program is in use in an 18-county area in southwestern Minnesota. Families are given the opportunity to enroll in the program when a child or his family exhibits risk indicators. Infants and toddlers are enrolled through a variety of community agencies including hospitals, managing agencies, interagency early intervention committees, and family members. The program has two components: (1) a home visit by a nurse from the managing agency; and (2) a long-term follow up using parent-completed questionnaires with feedback from the managing agency. An Infant/Child Monitoring Questionnaire (ICMQ) is mailed to parents when their child reaches 4, 8, 12, 16, 20, 24, and 36 months of age. Parents complete and return the ICMQ to the managing agency. It is scored and the results shared with the child's parents and physician. If the ICMQ scores are questionable, the child is referred for further evaluation or services. The compilation of IFAP data and the mailing of the questionnaires is facilitated by computer software. This report describes program development, program evaluation, the computer software used, and demographic data. A sample ICMQ for a 16-month-old girl is appended. (JDD)

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Infant Follow Along Program:

A Computer Assisted Child Find System Using Parent Completed Questionnaires

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May, 1992

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The Infant Follow Along Program Dissemination Packet

I. Overview of the Infant Follow Along Program

The Infant Follow Along Program is an interagency effort to improve the identification of infants and toddlers who may experience health or developmental problems because of medical or environmental risk factors. The Infant Follow Along Program (IFAP) also facilitates referral for services for infants and families and data collection.

IFAP is a voluntary program for infants and toddlers to age three years and their families. Families are given the opportunity to enroll in IFAP when a child or his family exhibit risk indicators described on the program's identification forms. Infants and toddlers are enrolled through a variety of community agencies including hospitals, managing agencies, Interagency Early Intervention Committees and family members. The program is intended to use multiple enrollment sources.

The Infant Follow Along Program has two components, (1) a home visit by a nurse from the managing agency and (2) a long term follow up using parent completed questionnaires with feedback from the managing agency. The initial IFAP contact is a visit by a nurse from the managing agency. The nurse discusses family health concerns as well as programs, services and resources available to enhance family capacities.

The long term component of IFAP is parent completed Infant/Child Monitoring Questionnaires (ICMQs) developed at the University of Oregon's Center on Human Development. An ICMQ is mailed to parents when their child reaches 4, 8, 12, 16, 20, 24 and 36 months of age. Parents complete and return the ICMQ to the managing agency. It is scored and the results shared with the child's parents and physician. If the ICMQ scores are questionable, the child is referred for further evaluation or services.

The compilation of IFAP data and the mailing of the ICMQs is facilitated by software which requires an IBM compatible personal computer or a Macintosh computer. The managing agency is the local repository of data. IFAP data without identifying information about the child and family is also compiled on a regional basis.

The goals of the Infant Follow Along Program include:

To support parents' efforts to enrich their child's lives by facilitating access to health, education and human services programs and services.

To provide an easy way for parents and nurses from managing agencies to exchange information about the growth and development of infants and toddlers with risk factors.

To facilitate the timely identification, assessment, and delivery of services to infants and toddlers with special needs.

To facilitate local, regional and statewide planning efforts by compiling and disseminating key data elements on infants and toddlers who are at risk of delays.

To enhance ongoing efforts to increase interagency and interpersonal communication, cooperation and trust.

II. The Development of the Infant Follow Along Program

The Infant Follow Along Program was developed within an 18 county area in southwestern Minnesota over a three year period. The program reflects the efforts of a coordinator and an advisory committee. The advisory committee represented Community Health Service Agencies, Human Service Agencies, Services for Children with Handicaps, educators, members of Interagency Early Intervention Committees, Head Start, local hospitals and Part H staff from the Minnesota Department of Human Services. IFAP was developed as a result of a grant from the Interagency Planning Project for Young Children with Handicaps using funds from Part H of the Individuals with Disabilities Education Act. The managing agency for the pilot project, the Southwest and West Central Educational Cooperative Service Unit (SW/WC ECSU) is a regional educational agency.

IFAP is being used in the 18 county pilot area as well as in several replication sites. The June, 1991 data import showed 563 infants and families enrolled in the program. The program is managed by nurses in Community Health Service agencies and a private home health care agency.

III. Infant Follow Along Program Materials

Several types of materials have been developed to enable IFAP to meet its goals. In addition to the IFAP materials, the program uses Infant/Child Monitoring Questionnaires developed by the University of Oregon and computer software developed specifically for the program. A copy of IFAP brochures and forms are enclosed in appendix A.

Identification Forms

These forms facilitate the early identification of infants who may experience delays because of specific medical or environmental risk factors. The form is completed by hospital personnel or by a nurse from the managing agency when an infant/family is enrolled. The form provides the managing agency and the child's

physician with information on the risk indicators and with identifying information necessary for the follow along process.

Permission Forms

Two permission forms are used. One, the parent permission for enrollment form is used to obtain a parent's permission to enroll a child in IFAP. The annual consent for disclosure of confidential information form is used to renew a parent's consent. The forms are available in Spanish.

Data Forms

The IFAP data input and data update forms assist clerical staff in entering data about a new child and family in IFAP. The materials request form is used by managing agencies to order forms, brochures and ICMQs from the regional agency. It also serves as a reminder of materials that are available.

Information Brochures

Parent information brochures are distributed as part of the enrollment process. Brochures are available in English and Spanish. These brochures contain basic information about the program as well as names and phone numbers of managing agencies.

A brochure provides an overview of IFAP. It is distributed as a part of public information sessions about IFAP. The brochure is available to primary referral sources including physicians, medical clinics, hospital emergency rooms, home health care agencies, WIC programs, family service agencies, Services for Children with Handicaps, schools, Early Childhood Family Education programs, Head Start programs, child care providers, women's shelters, churches and other cooperating providers of services to infants, toddlers and their families.

Infant Child Monitoring Questionnaires

The Infant Child Monitoring Questionnaires (ICMQs) were developed at the Center on Human Development, University of Oregon to provide a flexible, low-cost method of identifying infants in need of further evaluation. The questionnaires are designed to be completed by parents when their child reaches 4, 8, 12, 16, 20, 24, 30 and 36 months of age. A 48 month questionnaire is being field tested and will be incorporated in IFAP in June 1992.

Each questionnaire contains three parts: 1) A cover sheet asks for identifying information including the name of the child and the name of the person completing the questionnaire. 2) Thirty questions are asked in simple language about the child's development. The questionnaires are divided into five sections: gross motor, fine motor, adaptive, communication, social/personal, and adaptive development. 3) A final page asks parents if they have concerns about the child in particular areas like language and hearing.

Each item has three scoring options: "yes" indicating the infant does the item; "sometimes" indicating the infant does the items infrequently or is just acquiring the behavior; and "not yet" indicating the infant has not yet demonstrated this response.

The questionnaires are designed to be completed by parents. The wording is simple and straightforward. Familiar "non-jargon" language is used in language at up to a 6th grade reading level. Illustrations and concrete examples are provided to clarify some items.

Questionnaires are completed by parents and returned to the managing agency. They are scored and the results are shared with parents and the infant's physician. Infants who score below the cut-off point in any of the five areas are offered referral and/or intervention.

The questionnaires are available in Spanish as well as in English. A reduced copy of an ICMQ is in appendix B. The Bibliography contains references to articles which further describe ICMQs.

Activity Lists

The Infant Monitoring Project at the University of Oregon compiled age appropriate activities parents may enjoy with their child. The activity lists correspond to the ICMQ mailings and may assist in a child's development. The activity lists are shared with parents as part of the follow along process. An activity list is available to accompany each ICMQ results letter.

ICMQ Cover Letters

Three separate letters are generated by the computer software program. The ICMQ cover letter to parents provides instructions for completing and returning a questionnaire. It accompanies each ICMQ. An ICMQ results letter is mailed to parents if results are within an acceptable range. The letter refers to the activity list included with the letter. A copy of the letter is sent to the infant's physician. The annual consent renewal letter is mailed to parents with the renewal form. The letter provides instructions for completing the form and encourages families to return it. A copy of the computer generated letters is in Appendix C.

Form and Brochure Availability

The IFAP forms and brochures are available as paper copies for inspection and on computer disks for those who adapt or adopt the program. The computer format facilitates the adoption and adaptation of the materials for new sites. The disks contain the text, graphics and layout of the IFAP materials. Through the use of the computer disks, new sites will be able to change any information including the listing of managing agencies for their own use without the need to re-enter and format the information. The files are on Macintosh and use Pagemaker 4.0 and Microsoftworks 2.0. These disks are available from ECSU for the cost of the empty disks plus a copying charge.

IV. IFAP Computer Software

Four different versions of software have been developed by Axios Software through contracts with SW/WC ECSU. The software is designed to facilitate the IFAP follow along and data collection process. Two manuals, one for referring and managing

agencies, the other appropriate for use by managing agencies data entry staff, have been developed and are available with the software.

The software requires an IBM compatible personal computer with 256 RAM of memory or an Apple Macintosh computer. Separate versions of the software are available for each. The Macintosh versions are designated with MAC as a part of the program name. The data can be converted to either the IBM or the Macintosh program.

The software for IFAP was developed by Axios Software. Since it was recognized that the software program would require revision and updates, the pilot project did not purchase the software program. The computer programmer continues to work with managing sites on adapting the software.

IFAP software has data analysis capabilities as well as a module to export data to a spreadsheet program such as Lotus 1-2-3, Quattro or Excel for further inspection. For a free demo disk and further product information, contact Axios Software, 232 Main Street East, Sleepy Eye, MN 56085 (507) 794-5130. A brief description of various versions of the software follows.

IFAP and IFAP MAC

IFAP software is being used by the fourteen sites which perform the computer functions in the eighteen county pilot region. It is also able to compile the IFAP data on a regional basis.

The software maintains the following information on infants enrolled in IFAP:

- infant and parent/guardian's name, address and phone number;
- infant's primary physician's name, address and phone number;
- managing agency nurse assigned to the infant;
- infant's hospital of birth, sex, race, birthdate, Apgar score, gestational age, birthweight in grams;
- date infant enrolled in IFAP;
- date infant was referred to an Interagency Review Team (if appropriate);
- infant and family risk indicators;
- who identified and referred infant for enrollment in IFAP;
- payment sources for IFAP related costs;
- infant's status in IFAP;
- infant/family service utilization and referral record;
- ICMQ results;
- record of parent and physician contacts made necessary by IFAP;
- notes.

The software also calculates when an ICMQ should be mailed to each infant based on corrected chronological age and generates personalized letters to parents. These letters (1) accompany the ICMQs (2) inform parents of the normal range of ICMQ results, and (3) accompany the renewal of permission form annually.

The software calculates parent permission renewal dates and generates a personalized letter to parents to accompany the annual consent for disclosure of confidential information form. The SW/WC ECSU contracted with Axios Software to provide copies of the IFAP software to the southwest Minnesota managing agencies.

IFAP II and IFAP MAC II

IFAP II and IFAP MAC II are streamlined versions of the IFAP software for personal computers. This version was developed for use by new IFAP management sites that may not be interested in all of the data fields of the original version. IFAP II maintains all information contained in the IFAP program except for: (1) infant/family service utilization and referral records; (2) records of parent contacts made necessary by IFAP; and (3) records of physician contacts made necessary by IFAP. The IFAP II software performs the same IMG and annual renewal calculations and generates the same personalized letters to parents as IFAP and IFAP MAC software.

Several Early Childhood Family Education (ECFE) programs have expressed an interest in offering IFAP for all infants who reside in their school district. Since many districts in southwestern Minnesota use Macintosh computers, this software will enable them to implement the program without new computer hardware.

V. Information for Agencies

Hospital Procedures Manual

A procedures manual has been developed for agencies that regularly make referrals to IFAP. This manual includes information about IFAP as well as copies of the forms used in describing IFAP to families and new staff. Each of the participating hospitals in southwestern Minnesota received a copy of the procedures manual. A copy of the hospital procedures manual is in Appendix D.

IFAP Managing Agency Computer Software Manual

Specific parts of the software program may not be easily remembered by staff who run a variety of programs. Staff turnover will occur. As a result, a manual has been developed which assists users with each part of the computer software program. This manual is available on computer disk and in paper copy for the cost of duplication.

VI. Evaluation of the Infant Follow Along Program

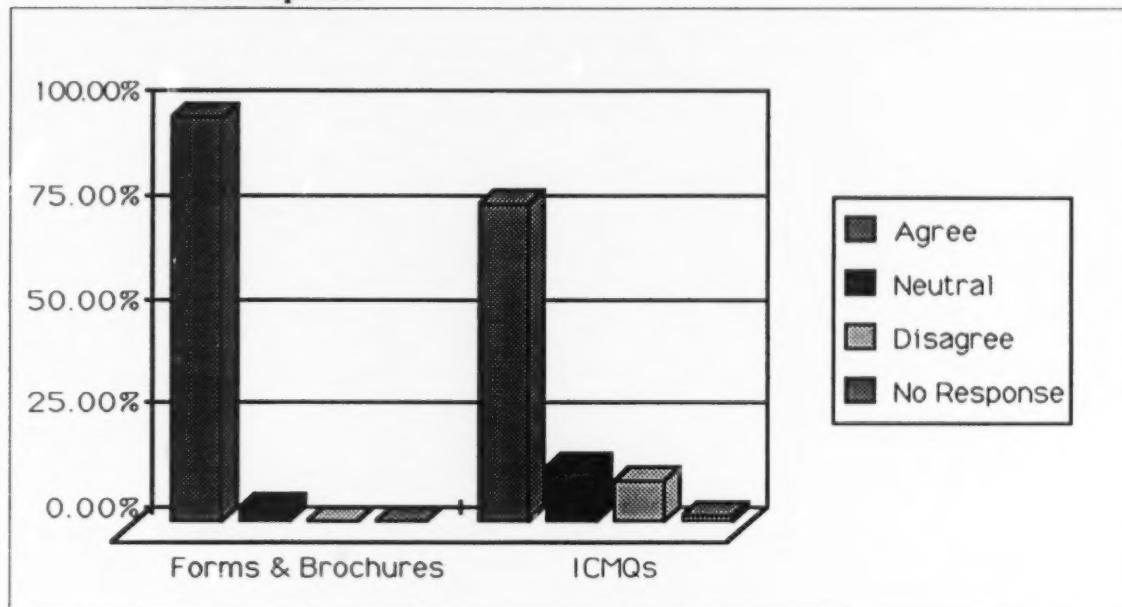
In fall 1990, the advisory committee and coordinator asked IFAP's constituents to evaluate the program's effectiveness. The advisory committee was interested in evaluating whether IFAP was an interagency effort to improve the identification of children who were not developing as expected. A second major concern was whether IFAP improved the provision of services to children and families. The third concern was how the IFAP system was working for families and managing agencies.

In order to answer these questions, the regional advisory committee, managing agencies, hospitals and parents participating in the program were surveyed. A blank copy of each of the surveys is in Appendix E. Surveys were returned by 39%

of families, 65% of the hospital participants and 74% of the managing agencies. A copy of the complete evaluation results are available upon request. A summary follows.

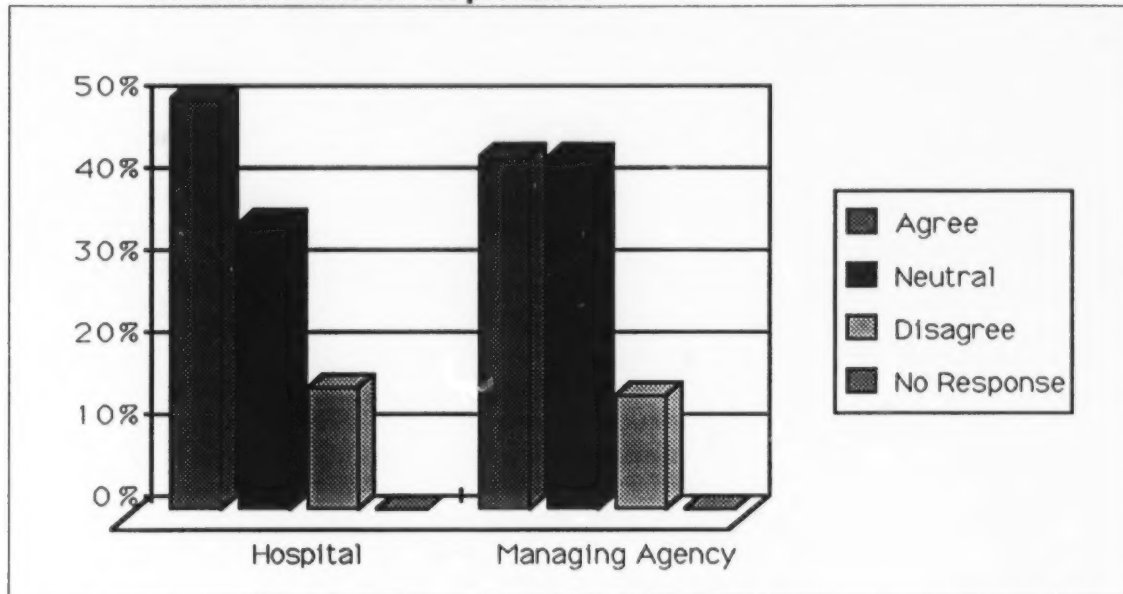
Parents felt that the forms and ICMQs were understandable and easy to fill out. The information is in Chart 1. Managing agencies agreed (100%) that the identification forms included medical and environmental risk criteria which put children at risk of delays.

Chart 1. Are IFAP Forms, brochures and ICMQs easy and understandable?
Parent Responses



Interagency cooperation was an important consideration in developing IFAP. The responses to the question of whether the program has increased awareness of and involvement in interagency efforts to improve identification and delivery of services showed no real agreement that IFAP had assisted in this effort. Narrative responses reflected agencies' perceptions that both hospitals and managing agencies had been involved in interagency collaboration prior to IFAP. The program may have provided a vehicle for this information, but is not perceived as being responsible for it. A summary of responses to this question is in Chart 2.

Chart 2. Did IFAP increase awareness or involvement in interagency efforts to improve identification and service provision?



Parents responded to the question: "The Infant Follow Along Program has helped me to know more about my child's growth and development." 86% agreed with the statement, 8% were neutral and 3% disagreed.

Managing agencies felt that IFAP facilitated the exchange of information between parents and the managing agency regarding the growth and development of children enrolled in the program. 86% agreed with the statement, 7% were neutral and 14% disagreed.

Responses to the statement, "The IFAP computer software initial training, user's manual, and ongoing support was/is adequate." showed that 21% of the managers agreed, 0% were neutral, 71% disagreed, and 7% indicated that the question was not applicable. A question about the software was worded: "The IFAP computer software has facilitated the ICMQ mailing process." To this statement, 21% of managers agreed, 14% were neutral, 58% disagreed and 7% indicated the question was not applicable. The computer software was installed in 14 locations on IBM compatible personal computers after a short trial in only one of the sites. Managing agencies had varying degrees of familiarity with the use of computers. Managing agency evaluation of the software program showed dissatisfaction with the program as shown in the responses to the evaluation.

In order to assist managing agencies, a more comprehensive software user's manual was completed, and the programmer continued to work with sites to overcome bugs in each of the computer systems. The coordinator worked closely with each of the sites during FY 1990-91 to improve the software components of IFAP.

The IFAP managers responses to: "Has IFAP software facilitated IFAP data compilation and facilitated the ICMQ mailing process?" showed that 28% of managers agreed with the statement, 29% were neutral 36% disagreed and 7% felt the question was not applicable.

The preceding discussion summarizes the major elements of the IFAP evaluation. Overall results indicated a high level of parental, managing agency and hospital satisfaction with the program with the exception of the software training. This dissatisfaction was addressed during the third and final year of the pilot program. A copy of the evaluation summary is in Appendix F.

VII. Current Status of Enrolled Infants and Families

In June 1991, 563 children and families were enrolled in IFAP. These enrollees represented each of the 14 managing agencies and the 18 county pilot area. An average of 12.9% of the 1989 estimate of the number of births per county have been enrolled in IFAP. This figure is provided as a way to represent the enrollment based on the population of the county. Children enrolled in IFAP may range in age from neonates to 36 months of age. The figures range from 5.3% to 24% of the number of births in the county per year in the pilot area. The distribution of the enrollees by percent of infant births is shown in Table 1.

Table 1. Enrollment of Infants by County.

County	Active	Inactive	Total	# of resident births by county (1989 figures)	% of pop. of newborns enrolled
Big Stone	4	2	6	75	5.3%
Chippewa	20	2	26	155	12.9%
Kandiyohi	53	14	67	598	8.9%
Lac Qui Parle	15	2	17	119	12.6%
McLeod	46	1	47	512	9.0%
Meeker	45	7	52	276	16.3%
Renville	20	5	25	240	8.3%
Swift	9	4	13	111	8.1%
Yellow Medicine	24	0	24	132	18.1%
Cottonwood	16	1	17	147	10.9%
Jackson	35	2	37	151	23.2%
Lincoln	5	0	5	76	6.6%
Lyon	59	20	79	339	17.4%
Murray	16	1	17	108	14.9%
Nobles	52	7	59	250	20.8%
Pipestone	6	2	8	139	4.3%
Redwood	55	16	71	229	24%
Rock	15	2	17	132	11.4%
Totals:	495	92	587	3,789	15.5%

The status of children enrolled in the Infant Follow Along Program indicates that 84% were active in June, 1991. Eight percent had moved. The 8% figure includes those who had moved out of the county, out of the state and out of the country. The program had been in use for just 18 months so no IFAP graduates are indicated. The "status field" of the IFAP software provides further information about the children as shown in Table 2.

Table 2. Status of Children in IFAP.

	Number	Percent
Active	471	84%
Moved out of county	31	6%
Parent permission withdrawn with the recommendation of the managing agency	24	4%
Moved out of state	14	2%
Parent permission withdrawn without the recommendation of the managing agency	9	2%
IMQ not completed or returned	1	<1%
Deceased	2	<1%
Cannot locate	5	1%
Moved out of country	3	<1%
Other	3	<1%
IFAP graduate	0	0%

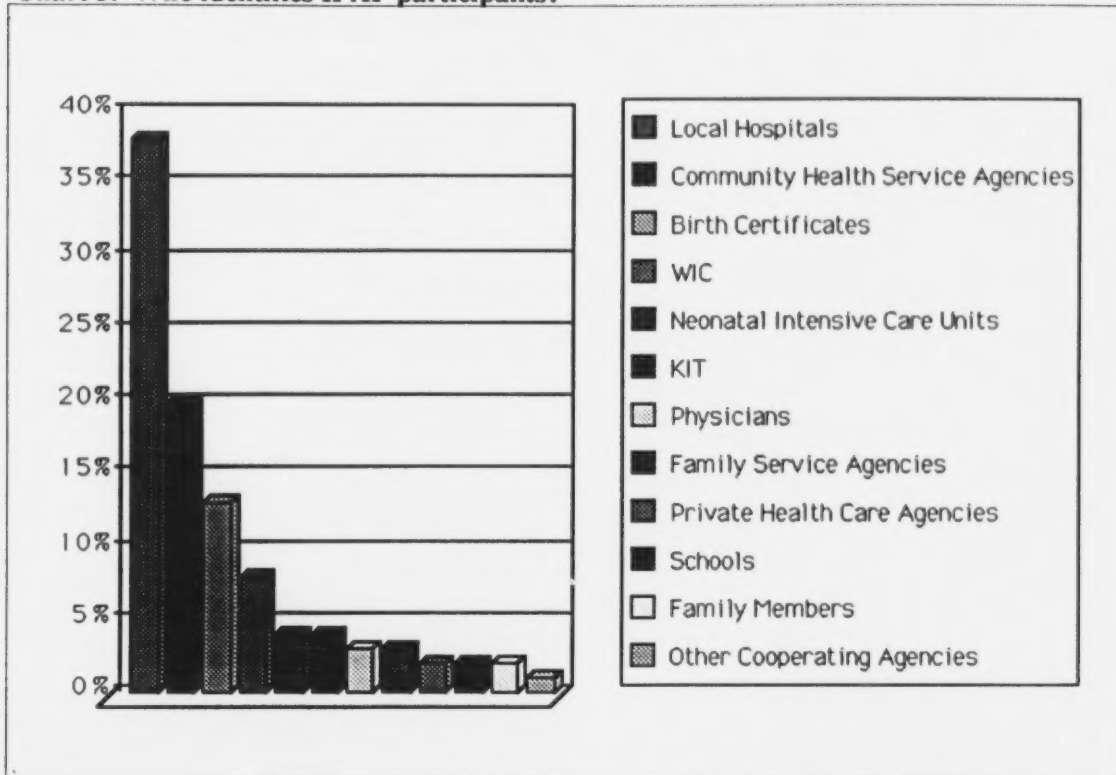
308 of the children in IFAP are males, 241 are females. The racial make-up of program participants includes: 511 children or 91% European Americans; 17 children or 3% Native Americans; 22 children or 3.9% Hispanic Americans; 9 children or 1.6% Asian Americans; and 4 children or .7% African Americans. Of the infants enrolled in the program 117 or 21% of the infants had been in a neonatal intensive care unit, 446 or 79% had not received this specialized care.

The children and families on IFAP have been referred by multiple sources. The most common referral sources in the 18 county area were hospitals, Community Health Service Agencies, Minnesota Department of Health birth certificates, WIC and physicians. Table 3. provides further information on all referrals. Some children were referred by more than one source. As a result, the total number of referral sources is greater than the number of enrollees. The information from this table has been collapsed in fewer categories in chart 3.

Table 3. Who is Identifying and Referring Infants to IFAP?

Referral Source	Number of Infants referred by this source
Hospital/OB Personnel (Minnesota)	288
Community Health Service Agencies	156
Birth Certificates	100
WIC (Women Infants Children Nutrition Program)	60
Physicians	25
NICU in Minnesota	25
KIT (Keeping In Touch Program)	25
Private Home Health Care Agencies	17
Social Service Agency (Public)	17
Child's Family/Relatives/Friends	14
Hospitals/OB Personnel (outside Minnesota)	9
School District Personnel	6
Other	7
NICU (outside Minnesota)	0
Early Childhood Family Education	4
Early Childhood Special Education	6
Social Service Agency (private)	3
Child Care Provider	2
Women's Shelter	1
Church	0
Head Start	0
Law Enforcement Agencies	1
Total:	764

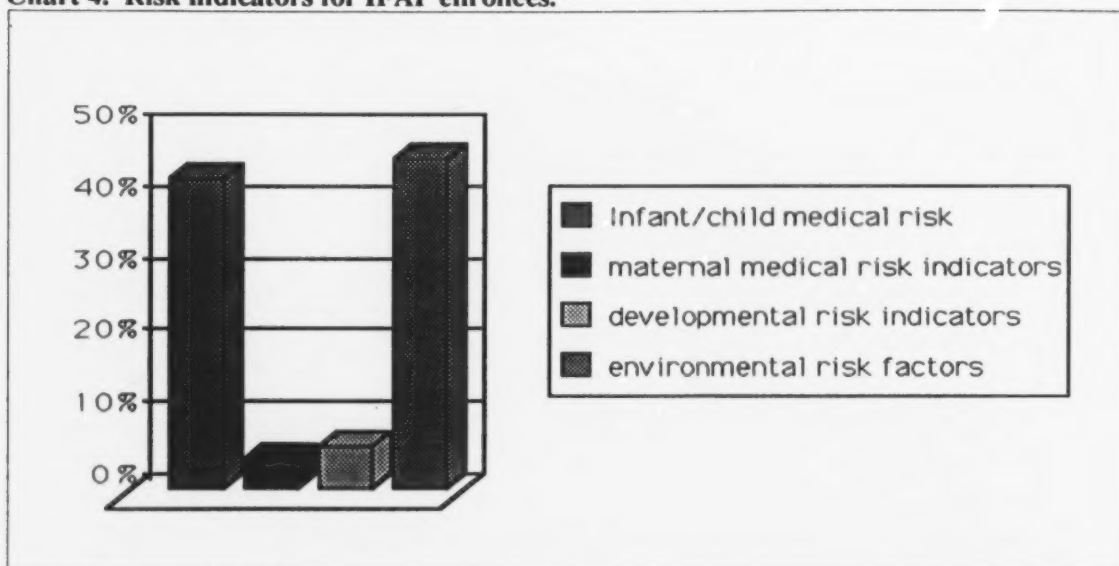
Chart 3. Who identifies IFAP participants?*



*Some infants have more than 1 referral source

The risk indicators for which children and families were referred to the program fall into 4 basic categories: Medical risk indicators of the infant/child, 189 or 43% of the enrollees; prenatal/maternal medical risk indicators, 81 or 4%; infant/toddler developmental risk indicators, 152 or 6%; and environmental risk factors, 331 or 46%. Chart 4 shows this information graphically. The total exceeds the number of children enrolled in the program because some infants/children and their families were referred because of more than one risk factor.

Chart 4. Risk indicators for IFAP enrollees.



The program is intended to assure that children who have delays will be referred for evaluation and/or services as soon as a delay is identified. After 18 months, 9.4% of the enrolled children had been referred to the Interagency Review Team, a subcommittee of the Interagency Early Intervention Committee because of concerns. Children with identified needs such as those with Down Syndrome or Grade III or IV intracranial hemorrhages were referred for services immediately and not placed on IFAP.

VIII. Adoption and Adaptation of the Infant Follow Along Program

The Infant Follow Along Program is in use in an 18 county area in Southwestern Minnesota. It was developed as a pilot project using Part H funds from IDEA and is available for use in other sites. The program may be adapted or adopted without substantial change. A copy of the materials developed by the program are available at cost. A presentation to your group may be arranged.

The program has proved to be an effective way to identify and follow children who are at risk of delay. The program is implemented in 18 counties with 14 managing agencies. Ongoing analysis and revision of program components is anticipated.

For Additional Information:

Additional information about IFAP is available by contacting Services for Children with Handicaps, 109 S. 5th Street, Marshall, MN 56258, (507) 537-7162; SW/WC ECSU, Box 547, Marshall, MN 56258, (507) 537-1481; or the Minnesota Department of Health Child Find Coordinator, 717 Delaware Street, S.E., Minneapolis, MN 55140, (612) 623-5138.

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16-MONTH GIRL

Infant Monitoring Project*

Child's name:

Date of birth:

Address, if different from mailing address:

.....

City:

Phone:

Child's doctor:

Doctor's phone:

Who is filling out the questionnaire?

If someone helped you fill this out, who?

Today's date: _ _ _ _ _

Please Complete This Form On:

Please Return This Form By:

INFANT/CHILD MONITORING QUESTIONNAIRE

Here are some questions about things children do. Your child may have already done some of them and there may be others she is not yet doing. On the following pages, please check the space that tells what your child has done and is doing now. If you are not sure she can do some of the activities, try the activity with her. Thank you for returning this as soon as possible.

If you have any problems filling out this form, please call:

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- | | yes | some | not | |
|---|--------------------------|--------------------------|--------------------------|----|
| 2. Does your child turn the pages of a book by herself? She may turn more than one page at a time. | ☐ | ☐ | ☐ | 55 |
| 3. Does your child stack one small toy such as a block (approximately 1 inch in size) on top of a second one? | ☐ | ☐ | ☐ | 56 |
| 4. Does your child stack 3 small blocks or toys by herself? | ☐ | ☐ | ☐ | 57 |
| 5. Does your child stack 7 small blocks by herself? | ☐ | ☐ | ☐ | 58 |
| 6. Does your child contact the paper with the end of a crayon when trying to draw? | ☐ | ☐ | ☐ | 59 |



IV. ADAPTIVE (Please try the activity if you are not sure.)

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|----|
| 1. Does your child scribble back and forth when you give her a crayon or pencil without showing her how? | ☐ | ☐ | ☐ | 61 |
| 2. After you have made a back-and-forth scribble on paper with a crayon, does your child try to copy you? | ☐ | ☐ | ☐ | 62 |
| 3. Does your child put several (more than 6) small toys into either a cup or box? | ☐ | ☐ | ☐ | 63 |
| 4. When you line up 4 blocks to make a train, does your child make one like yours by lining more than 2 blocks side by side? | ☐ | ☐ | ☐ | 64 |



- | | | | | |
|---|--------------------------|--------------------------|--------------------------|----|
| 5. After you have shown her how, does your child try to get a small toy which is slightly out of reach by using a pencil? | ☐ | ☐ | ☐ | 65 |
| 6. Can your child drop a crumb or Cheerio into a bottle that is about 2 inches tall like a pill bottle? | ☐ | ☐ | ☐ | 66 |
| 7. After the crumb or Cheerio is in the bottle, does your child purposefully turn the bottle over to dump it out again? You may show her how. | ☐ | ☐ | ☐ | 67 |



V. PERSONAL-SOCIAL (Please try the activity if you are not sure.)

13

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|--|
| 1. Does your child feed herself part of her food with a spoon although she may spill some? | ☐ | ☐ | ☐ | |
|--|--------------------------|--------------------------|--------------------------|--|

Sixteen Month Questionnaire**

I. COMMUNICATION *(Please try the activity if you are not sure.)*

	Yes	Sometimes	Not Yet	
1. Does your child tell you what she wants by pointing or looking at it?	☐	☐	☐	40
2. A "word" is a sound used consistently to mean a person, object or group of objects. Does your child say 8 words or more?	☐	☐	☐	41
3. Does your child use words like "me," "I," "mine" and "you" correctly? Any two of these words count as correct.	☐	☐	☐	42
4. Does your child point to one correct body part when you ask "Where is your nose?" "... eyes?" "... hands?" etc.?	☐	☐	☐	43
5. Does your child point to, touch or look at the named item when you ask for familiar things like "Where is your hat?" "... coat?" "... shoes?" etc.?	☐	☐	☐	44
6. Does your child go into another room to get a familiar toy or object when you ask her to? For example, "Where is your ball?" or "Go get your blanket."	☐	☐	☐	45
7. Does your child pat at or point to large colored pictures in a book or magazine?	☐	☐	☐	46

II. GROSS MOTOR *(Please try the activity if you are not sure.)*

1. Does your child generally move around by walking rather than creeping on hands and knees?	☐	☐	☐	47
2. Does your child seldom fall when walking?	☐	☐	☐	48
3. Does your child climb onto a couch or an adult chair?	☐	☐	☐	49
4. Does your child climb on a chair or a stool in order to reach things?	☐	☐	☐	50
5. Does your child squat to pick up a toy from the floor without holding onto anything for support?	☐	☐	☐	51
6. Without having to pull herself up on something first, does your child get up in the middle of the floor and take several steps alone?	☐	☐	☐	52
7. Does your child jump with both feet off the floor at the same time?	☐	☐	☐	53

III. FINE MOTOR (Please try the activity if you are not sure.)

1. Does your child help you turn the pages of a book or magazine?

☐ ☐ ☐ |

* The content of this questionnaire was largely derived from the Revised Gesell and Amatrudo Developmental and Neurological Examination (Knablich, Stevens, Molera, 1980) and the Revised Parent Developmental Questionnaire (Knablich, Stevens, Molera, 1980).

- | | Yes | Sometimes | Not | |
|--|--------------------------|--------------------------|--------------------------|----|
| | Yes | | Yes | |
| 2. Does your child help with undressing by taking off clothes such as socks, hat, shoes and mittens? | ☐ | ☐ | ☐ | 69 |
| 3. Does your child call herself "I" or "me" more often than using her own name? | ☐ | ☐ | ☐ | 70 |
| 4. Does your child play with either a doll or stuffed animal by hugging it? | ☐ | ☐ | ☐ | 71 |
| 5. While looking at herself in the mirror, does your child offer a toy to her own image? | ☐ | ☐ | ☐ | 72 |
| 6. Does your child pull your hand or clothes to show you something? | ☐ | ☐ | ☐ | 73 |
| 7. Does your child come to you when she needs help such as wanting you to wind up a toy for her? | ☐ | ☐ | ☐ | 74 |

VL OVERALL

1. Does your child have any problems in feeding? ___No ___Yes
Explain: _____
2. Does your child have any problems with sleeping? ___No ___Yes
Explain: _____
3. Does your child cry a lot and keep right on crying no matter what you do to try to comfort her? ___No ___Yes
Explain: _____
4. Is there anything about your child that worries you? ___No ___Yes
Explain: _____
5. Has your child had any medical problems in the last four months? ___No ___Yes
Explain: _____

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